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NORTHSTAR FIRE PROTECTION

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NO. 1108 **FILED**

P 2/3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003324	
1. Entity Name NORTHSTAR FIRE PROTECTION, INC.	

Principal Place of Business 875 BLUE GENTIAN ROAD EAGAN, MN 55121	Mailing Address 875 BLUE GENTIAN ROAD EAGAN, MN 55121
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1889838	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u><i>Richard C. Barnett</i></u> Signature, typed or printed name of registered agent and fee if applicable.	DATE <u>3/15/2005</u> NOTE: Registered Agent Signature required when renewing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, RICHARD COLIN 10224 TOLEDO CIRCLE BLOOMINGTON, MN 55437
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U00000270110 03/19/05-80037-023 150.00	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.	
SIGNATURE: <u><i>Richard C. Barnett</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR	DATE <u>3-16-05</u> Daytime Phone #